



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/678,337 Confirmation No.: 2550
Applicant : Lucien Alfred Couvillon, Jr.
Filing Date : 10/03/2003
Title : ULTRASOUND COATING FOR ENHANCING VISUALIZATION OF MEDICAL
DEVICE IN ULTRASOUND IMAGES
Group Art Unit : 1645
Examiner : Unknown
Docket No. : 701470.4069
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is a preliminary amendment in the above-identified application.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$0.00

☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: August 3, 2004

Karen Johnson

Applicant : Lucien Alfred Couvillon, Jr.
Appl. No. : 10/678,337
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Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	32	-	32	=	0	x	\$18.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input type="checkbox"/> \$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)								<input type="checkbox"/> \$0.00
TOTAL FEES SUBMITTED HEREWITH								\$0.00

Respectfully submitted,

Dated: August 3, 2004

By: 
Mark Stirrat
Reg. No. 50,756

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Irvine, CA 92614-2558
Telephone: 949-567-6700
Facsimile: 949-567-6710
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PRELIMINARY AMENDMENT

Sir:

Please amend the application prior to examination as follows:

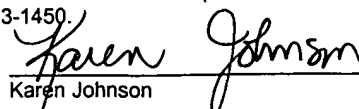
Amendments to the specification begins on page 2 of this paper.

Remarks are presented on page 3 of this paper.

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Dated: August 3, 2004


Karen Johnson

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